



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |                    |  |                      |
|---|--------------------|--|----------------------|
| 1. ID No.<br><b>160657</b>  |                    | 2. Exact name of the limited liability company<br><b>VERIZON ENTERPRISE DELIVERY LLC</b>   |                      |
| 3. State of Formation<br><b>DELAWARE</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>To provide services to companies providing telecommunication services.</b> |                      |
| 5. Principal office address<br><b>545 E. CARPENTER FREEWAY</b>  |                    | City<br><b>IRVING</b>  | State<br><b>TX</b>   |
|   |                    | Zip<br><b>75062</b>  |                      |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |  |                      |
| Contact Name<br><b>JANA L. CRAIN</b>  |                    | Contact Title<br><b>VP-TAXES</b>   |                      |
| Street Address<br><b>1717 ARCH STREET, 21ST FLOOR</b>   |                    | City<br><b>PHILADELPHIA</b>  | State<br><b>PA</b>   |
|   |                    | Zip<br><b>19103</b>  |                      |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |                      |
| Manager Name<br><b>VERIZON SELECT SERVICES INC.</b>   |                    | Manager Name   |                      |
| Street Address<br><b>6665 N. MACARTHUR BOULEVARD</b>  |                    | Street Address   |                      |
| City<br><b>IRVING</b>   | State<br><b>TX</b> | Zip<br><b>75039</b>  |                      |
| Manager Name  |                    | Manager Name   |                      |
| Street Address  |                    | Street Address   |                      |
| City  | State              | Zip  |                      |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |                    |  |                      |
| Agent Name<br><b>CT CORPORATION SYSTEM</b>  |                    | Address  |                      |
| Address<br><b>10 WEYBOSSET STREET</b>   |                    | City<br><b>PROVIDENCE</b>  | Zip<br><b>02903-</b> |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date **SEP 26 2007**  
Check No. **471423**  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jana L. Crain 9/24/07  
Signature of Authorized Person Date  
**JANA L. CRAIN**  
Print or Type Name of Authorized Person